



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

November 14, 2012

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Guidance

11/9/12 CMS issued an ACA-related final rule called "Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Bad Debt Reductions for all Medicare Providers." The proposed rule implements portions of ACA §3401 and §3014.

The rule updates and revises the End-Stage Renal Disease (ESRD) prospective payment system (PPS) for calendar year (CY) 2013. The rule also sets forth requirements for the ESRD quality incentive program (QIP), including for payment year (PY) 2015 and beyond. The rule implements changes to bad debt reimbursement for all Medicare providers, suppliers, and other entities eligible to receive bad debt.

Read the rule at: <http://www.gpo.gov/fdsys/pkg/FR-2012-11-09/pdf/2012-26903.pdf>

Read the CMS fact sheet at: [CMS](#)

11/8/12 CMS issued a final ACA-related rule called "Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2013, Hospice Quality Reporting Requirements, and Survey and Enforcement Requirements for Home Health Agencies." The rule implements portions of ACA §3131 and §3401.

This rule updates the Home Health Prospective Payment System (HH PPS) rates, including the national standardized 60-day episode rates, the national per-visit rates, the low-utilization payment amount, and outlier payments under the Medicare prospective payment system for home health agencies (HHAs) effective January 1, 2013. CMS will decrease Medicare payments to HHAs in calendar year (CY) 2013 by 0.1%, or \$10 million. Medicare rules apply a 1%

reduction to the planned 2.3% increase in CY 2013 home health market basket. This will result in a net 1.3% increase for HHAs next year. The rule promotes quality of care for patients by setting requirements for the Hospice quality data reporting program. The rule ensures that HHAs that are out of compliance with federal health and safety standards could correct their performance and achieve prompt compliance. The rule provides agencies with the opportunity to achieve compliance through new methods, such as directed plans of correction or directed in-service training. It would also permit CMS to impose alternative sanctions in addition to termination for agencies that do not maintain or achieve compliance with federal health and safety standards. The rule also establishes new survey and certification requirements for HHAs including definitions for types of surveys, survey frequency, surveyor qualifications, and the opportunity for Informal Dispute Resolution. The rule extends certain requirements concerning the hospice quality reporting program to subsequent years. This rule also establishes requirements for unannounced, standard and extended surveys of HHAs and provides a number of alternative (or intermediate) sanctions that could be imposed if HHAs were out of compliance with Federal requirements.

Read the rule at: <http://www.gpo.gov/fdsys/pkg/FR-2012-11-08/pdf/2012-26904.pdf>

Read the CMS fact sheet at: [CMS](#)

Prior guidance can be viewed at www.healthcare.gov

Upcoming Events

Money Follows the Person (MFP) Working Group Meeting

November 28, 2012, 2:00 PM -3:30 PM
State Transportation Building
10 Park Plaza
Boston, MA

Please contact MFP@state.ma.us if you would like to attend the meetings. Requests for reasonable accommodations should be sent to MFP@state.ma.us. Although an RSVP is not required, it is appreciated.

An **MFP 101 introductory session** will also be held at the State Transportation Building on November 28, 2012 from 1:30 PM-2:00 PM for those not familiar with MFP.

Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting

December 7, 2012, 10:00 AM - 12:00 PM
One Ashburton Place, 21st Floor, Conference Rooms 1, 2, and 3
Boston, MA

The purpose of this meeting is to continue discussion on key implementation topics for the Duals Demonstration.

We welcome attendance from all stakeholders and members of the public with interest in the Demonstration. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to Donna Kymalainen at Donna.Kymalainen@state.ma.us

Integrating Medicare and Medicaid for Dual Eligible Individuals Quality Metrics Workgroup Meeting

December 7, 2012, 1:00 PM - 2:30 PM

One Ashburton Place, 21st Floor, Conference Rooms 1, 2, and 3
Boston, MA

The purpose of this meeting is to continue discussions with stakeholders regarding appropriate quality metrics for the Duals Demonstration. Stakeholders wishing to participate in a workgroup should RSVP to duals@state.ma.us by **5:00 PM, December 4, 2012**. Please provide your name and organizational affiliation (if any).

Participants should be prepared to engage in focused discussion and offer constructive input. To ensure a productive working session, we request that organizations identify the best representative to attend the workgroup meeting.

Reasonable accommodations will be made for participants who need assistance. In your RSVP to duals@state.ma.us, please note any request for accommodations.

Bookmark the **Massachusetts National Health Care Reform website** at: http://mass.gov/national_health_reform to read updates on ACA implementation in Massachusetts.

Remember to check <http://mass.gov/masshealth/duals> for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.